

APPLICATION FOR NEW LICENSES, OR APPLICATION OF BUYERS FOR TRANSFER OF OWNERSHIP OR INTEREST IN LICENSE

Instructions: This application must be completed and returned with a \$70.00 inspection fee for each license before it can be considered. All answers must be typed or printed. Sign the completed form in ink and return it to the Commission with the inspection fee. MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO "STATE OF MICHIGAN".

1. Applicant Identification - all applicants

Name of individual, partnership, corporation or limited liability company who will hold the license:	Contact Person Name:
Business Street Address:	Street Address:
City / State / Zip Code:	City / State / Zip Code:
Township: County:	Business Phone No. Home Phone No. () ()

2. Nature of Application - (Check all that apply)

<input type="checkbox"/> New License	<input type="checkbox"/> Transfer of Ownership - NAME of current Licensee: _____	
<input type="checkbox"/> New Permit	<input type="checkbox"/> Transfer Location From ADDRESS: _____	
	TOWNSHIP and COUNTY: _____	
<input type="checkbox"/> Add Partner	<input type="checkbox"/> Transfer Status from Individual or	<input type="checkbox"/> Transfer Classification
<input type="checkbox"/> Drop Partner	<input type="checkbox"/> Limited Partnership to a Corporation	<input type="checkbox"/> Tavern to Class C
<input type="checkbox"/> Add Space	<input type="checkbox"/> Drop Space	<input type="checkbox"/> Class C to Tavern
<input type="checkbox"/> Stock Transfer	<input type="checkbox"/> Other : _____	<input type="checkbox"/> B-Hotel to Class C
		<input type="checkbox"/> Class C to B-Hotel

3. Retail Applicants - (All existing permits will be included with a transferred license unless cancelled in writing)

3a. Check Type of License

<input type="checkbox"/> SDM	<input type="checkbox"/> SDD
<input type="checkbox"/> Class C	<input type="checkbox"/> Resort Class C
<input type="checkbox"/> A-Hotel	<input type="checkbox"/> Resort A-Hotel
<input type="checkbox"/> B-Hotel	<input type="checkbox"/> Resort B-Hotel
<input type="checkbox"/> Tavern	<input type="checkbox"/> Resort Tavern
<input type="checkbox"/> Club	<input type="checkbox"/> Resort G-1
<input type="checkbox"/> G-1	<input type="checkbox"/> Resort G-2
<input type="checkbox"/> G-2	<input type="checkbox"/> Other: _____

3b. Check Type of Permits

<input type="checkbox"/> Sunday Sales	<input type="checkbox"/> Before or After Hours For: _____	
<input type="checkbox"/> Add Bar	_____	
<input type="checkbox"/> Dance	(Food, Bowling, Golf, Ski, Misc.)	
<input type="checkbox"/> Dance/Entertainment		
<input type="checkbox"/> Entertainment		
<input type="checkbox"/> Direct Connection	<input type="checkbox"/> Outdoor Service	<input type="checkbox"/> Topless Activity
<input type="checkbox"/> Living Quarters		

4. New Manufacturer or Wholesale Applicants (Check one)

<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Brewer	<input type="checkbox"/> Manufacturer of Mixed Spirit Drinks
<input type="checkbox"/> Wine Maker	<input type="checkbox"/> Manufacturer of Spirits	<input type="checkbox"/> Outstate Seller of Mixed Spirit Drinks
<input type="checkbox"/> Small Wine Maker	<input type="checkbox"/> Industrial Manufacturer	<input type="checkbox"/> Outstate Seller of Wine
<input type="checkbox"/> Wine Maker Wine Tasting Room	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Outstate Seller of Beer
<input type="checkbox"/> Micro Brewer	<input type="checkbox"/> Brewpub	<input type="checkbox"/> Other: _____

5. Names of Current Licensees:

6. Current Licensed Address:

7. Proposed Licensed Address:

8. Briefly describe this business, for instance - Drug Store, Restaurant, Party Store, Wholesaler, Wine Maker, Etc.

9. This proposed licensed business will be owned by: (check one)

- ☐ Me as the individual owner ☐ The named corporation ☐ The named Liability company
☐ The following partners (indicate limited partners with an "L" before their name)

Partnership Information: (attach additional sheet if necessary)

Name of Partners	Home Address	Telephone Number

* All general partners must complete & submit an LC 621, "Individual, General Partner, Stockholder or Member Questionnaire."
All limited partners must complete & submit an LC 38, "Limited Partner, Stockholder or Member Statement."

10. Personal Information – Individual Applicants and Partnership Members Only

Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Date of Birth _____ Place of Birth _____ Social Security No. _____

If you are not a US Citizen – Are you a registered alien? ____ Yes ____ No Or, Do you have a Visa? ____ Yes ____ No

Full name of spouse: _____

Have you ever legally changed your name? ____ Yes ____ No If Yes, from _____ to _____

Have you been known by other names? ____ Yes ____ No List names: _____

Have you ever been arrested? ____ Yes ____ No If Yes, list all arrests, excluding minor traffic offenses (include alcohol arrests):
DATE PLACE CHARGE DISPOSITION

* attach additional sheet if necessary

List your former occupations for the past 3 years:

DATES (to/from)

OCCUPATION

EMPLOYER NAME AND ADDRESS

I or my spouse previously held or now hold interest in the following licenses for sale of alcoholic beverages as sole licensee, partner or corporation:

NAME OF LICENSEE

TYPE OF LICENSE

LOCATION

DATE

Do you or your spouse hold any law enforcement powers including powers of arrest? ____ Yes ____ No

11. Limited Partnerships is the limited partnership authorized to do business under the laws of Michigan?

Yes ____ No ____ Date authorized: _____

12. Corporate & Limited Liability Company Applicants Only – stockholders/members must complete a separate survey

Note: Attach copy of filed or proposed Articles of Incorporation, last annual report/statement filed & attach copy of stock options.

Corporate/LLC Name:	Incorporation/Organization date:
Incorporated/Organized in what State?	Michigan Authorization date:

Name, Address, Phone Number of Resident Agent:

(Check one of each) ☐ Profit or ☐ Non-profit Corporation ☐ Public or ☐ Private Corporation

Date last annual report / statement filed with Michigan Corporation & Securities:

Corporate Officers:	Name	Address	Phone Number
President	_____	_____	_____
Vice-President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

13. Corporations and Limited Liability Companies - List all persons, companies and other entities who hold or will hold stock interest or membership interest in applicant entity.

	Name	Address	Phone Number	% Interest
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

*Note: All persons, companies and other entities holding 10% interest or more must complete and submit an "Individual, General Partner, Stockholder or Member Questionnaire" (LC-621). All persons, companies and other entities holding less than 10% interest, must complete and submit a "Limited Partners, Stockholders or Members Statement" (LC-38).

14. Financial Details - All Applicants

(A) Source of funds used to establish business, or which will be used to purchase this business, list name address and amount of all money lenders. Money lenders to fill out special "Statement of Money Lender" form enclosed.

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(B) Attorney or representative

Name	Address	Phone Number
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(C) Real estate is owned by

Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number
_____	_____	_____

(D) Realtor/Broker

Name	Address	Phone Number
_____	_____	_____

(E) Accountant or Bookkeeper

Name	Address	Phone Number
_____	_____	_____

15. Transaction Details – All Applicants

- Note:
- Any balance owed on the business selling price must be secured by a non-title retaining instrument such as a promissory note, security agreement, etc.
 - Land contracts are not acceptable as security for any unpaid balance to be owed on the business portion of the sale.
 - Business, fixtures and equipment cannot be listed on land contracts or real estate mortgages.
 - All alcoholic beverage inventory must be paid for in cash at the time of transfer and not by installment payments.
 - Acceptable lease agreements must be provided if ownership of real estate is not in the names of applicants.

Business/Fixtures/Equipment	\$ _____	Land	\$ _____
Goodwill (if applicable)	\$ _____	Building(s)	\$ _____
Covenant not to compete (if applicable)	\$ _____	Other	\$ _____
		TOTAL REAL ESTATE COSTS	\$ _____
Alcoholic beverages (estimate)	\$ _____	Down Payment	\$ _____
Other inventory (estimate)	\$ _____	BALANCE OWED	\$ _____
TOTAL COST OF BUSINESS	\$ _____		
Down Payment	\$ _____	Secured by	\$ _____
BALANCE OWED	\$ _____	For balance owed – explain:	
		• Terms:	_____
For balance owed – explain:			_____
• Terms:	_____		_____

• Collateral:	_____	• Collateral:	_____

The Commission wishes to warn all applicants for licenses not to invest any money or to commit themselves by any binding agreements in the expectation of being issued a license for sale of alcoholic beverages until officially notified by the Commission that their application has been approved.

WARNING! Section 436.2003 of the Liquor Code provides:

“A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action, or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable in the manner provided for in section 909. Further, the rules and regulations of the Commission entitled “General Rules” provide: “A licensee shall not obtain a license for the use or benefit of another person whose name does not appear on the license nor shall a licensee allow a person whose name does not appear on the license to use or benefit from the license,” and, “A licensee shall not sell or transfer an interest in a business licensed by the Commission without the prior written approval of the Commission.”

I hereby authorize investigators of the Michigan Liquor Control Commission to obtain all documents, accounts, books, records and tax returns pertaining to myself and this business. I hereby swear that I have read all of the above answers and that they are true and further that I have read and understand the warning.

Date of Application

Signature of Applicant (if applicant is a corporation, include title of signor)

Name of person completing this form if not applicant